

BEST AVAILABLE COPY

# INDEX OF CLAIMS

Claim		Date			
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## SYMBOLS

- ✓ ..... Rejected
- = ..... Allowed
- (Through numeral) ..... Cancelled
- + ..... Restricted
- N ..... Non-elected
- I ..... Interference
- A ..... Appeal
- O ..... Objected

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POSITION	ID NO.	DATE
CLASSIFIER		4-98
EXAMINER	71427	3-26-98
TYPIST		
VERIFIER		
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

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# INDEX OF CLAIMS

Claim	Final	Original	Date
1		1/23	1/23
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